

**Form 3. Affidavit of impecuniosity.**

**IN THE** \_\_\_\_\_

<p>_____ Plaintiff and _____,  vs.  _____ Defendant and _____.</p>	<p><b>AFFIDAVIT OF IMPECUNIORITY</b></p> <p>Case No. _____</p>
--	--

Appellant/Petitioner (circle one) \_\_\_\_\_ (Affiant) provides the following information as required by Utah Code Section 21-7-3:

**AFFIANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_  
(If inmate,  
include prison site) \_\_\_\_\_

Telephone \_\_\_\_\_

**AFFIANT'S FINANCIAL INFORMATION**

Fill out the following table completely.

Employer's Name & Address	Monthly Net Income	Monthly Gross Income
Alimony received		
Child Support received		
Income in the past 12 months from any other non-governmental source including business, profession or other self-employment; rent payments; interest or dividends; pensions, annuities, or life insurance payments; gifts or inheritance		
Income from government financial support including social security benefits, AFDC, worker's compensation, veterans noneducational benefits, housing, food, or other living allowances paid to members of the military,		

clergy, and others.	
---------------------	--

If Affiant is currently not employed: \_\_\_\_\_ Date & state of last employment  
 \_\_\_\_\_ Salary/wages per month when  
 last employed

Amounts in cash or in any bank accounts including savings and checking	
Amounts owing to Affiant including accounts receivable	

List of home, land or other real property and vehicles or other personal property owned in whole or in part by Affiant, its location and its approximate value.

Property	Location	Value

List of Affiant's debts.

To Whom Owed	Amount	To Whom Owed	Amount

List of Affiant's monthly expenses.

	Amount		Amount		Amount
Food		Gas		Other (list)	
Clothing		Water			
Transportation		Sewer			
Mortgage/rent		Car Payments			

Electricity		Medical Payments			
-------------	--	---------------------	--	--	--

If Affiant is prisoner, how much is held in Affiant's prisoner trust account?

\_\_\_\_\_

STATE OF UTAH )

: ss.

COUNTY OF \_\_\_\_\_ )

**I, \_\_\_\_\_, do solemnly swear or affirm that due to my poverty I am unable to bear the expenses of the action or legal proceedings which I am about to commence or the appeal which I am about to take, and that I believe I am entitled to relief sought by the action, legal proceedings, or appeal.**

**Being sworn, I state that I, \_\_\_\_\_, am the Affiant; and that I have read this Affidavit and the statements in it are true and correct to the best of my knowledge.**

\_\_\_\_\_  
(Signature of Affiant)

Subscribed and sworn before me on \_\_\_\_\_

\_\_\_\_\_  
COURT CLERK or NOTARY PUBLIC  
Residing at:  
My Commission Expires

### CERTIFICATE OF SERVICE

Affiant must send a copy of this document to counsel for all parties in this case and sign the statement below certifying such service.

I certify that a copy of the Affidavit of Impecuniosity was delivered personally or mailed to the person listed below.

\_\_\_\_\_  
Signature  
Notary Not Required

Name  
Mailed

Address

Date Delivered or